



BURKE HIGH SCHOOL Transcript Request Form

Each transcript requested (official or unofficial, mailed, faxed or emailed) is \$5.00 payable by cash, check, money order, card payment or scan the QR code. Mail or bring completed form and fee to:

Burke High School
Attn: Transcripts
12200 Burke Blvd
Omaha, NE 68154

Email to: burkealumnitranscripts@ops.org

PLEASE COMPLETE FORM AND RETURN WITH PAYMENT

Name: _____ Date of Birth _____
Last Name First Name Middle Initial

Name while attending (Maiden or other): _____

Current address: _____

City, State, Zip: _____
City State Zip code

Phone: _____ Graduation/Withdrawal Year _____

SEND TRANSCRIPT(S) TO:

Name of Institution: _____

Attention: _____

Address: _____

City, State, Zip: _____
City State Zip code

Fax #: _____ (Include **only** if institution requests faxed copy in place of mailed copy)

Email Address: _____ (Include **only** if institution requests emailed copy)

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Fax #: _____ (Include **only** if institution requests faxed copy in place of mailed copy)

Email Address: _____ (Include **only** if institution requests emailed copy)

Signature

Date

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